

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3330SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAINVIEW CARE CENTER AT BC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 ADAMS BOULEVARD BOULDER CITY, NV 89005</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/23/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022758 was substantiated with deficiencies cited. (See Tags Z470, Z474, Z479)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z470 SS=F	<p>NAC 449.74539 Physical Environment</p> <p>1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public. This Regulation is not met as evidenced by:</p>	Z470		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z470	Continued From page 1  Surveyor: 26855 Based on observation, interview and document review the facility failed to ensure patient rooms, bathrooms and storage areas were maintained in a sanitary condition and free from offensive odors and an accumulation of dirt, dust, rubbish, trash, cockroaches and flies.  Severity: 2      Scope: 3	Z470			
Z474 SS=F	NAC 449.74539 Physical Environment  5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to provide adequate housekeeping services necessary to maintain a sanitary and comfortable environment and prevent an accumulation of dirt, dust, rubbish, trash, cockroaches and flies in patients rooms and bathrooms.  Severity: 2      Scope: 3	Z474			
Z479 SS=F	NAC 449.74539 Physical Environment  10. Maintain an effective program to control pests in order to ensure that the facility is free from pests and rodents; This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation and interview the facility failed to have an effective pest control program to ensure the facility was free of flies and cockroaches.	Z479			

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Z479	Continued From page 2  Severity: 2      Scope: 3	Z479			

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